

Political Organization  
Notice of Section 527 Status**Part I** General Information

1	Name of organization <b>Michigan Association of Health Plans</b>	Employer identification number <b>38 3046349</b>
2	Mailing address (P.O. Box or number, street, and room or suite number) <b>327 Seymour Avenue P.O. Box 19333</b> City or town, state, and ZIP code <b>Lansing, Michigan 48901</b>	
3	E-mail address of organization <b>sgarcia.mahp@worldnet.att.net</b>	
4a	Name of custodian of records <b>Susan Garcia</b>	4b Custodian's address <b>327 Seymour Avenue, P.O. Box 19333 Lansing, Michigan 48901</b>
5a	Name of contact person <b>Susan Garcia</b>	5b Contact person's address <b>327 Seymour Avenue, P.O. Box 19333 Lansing, Michigan 48901</b>
6	Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <b>Same as above</b> City or town, state, and ZIP code	

**Part II** Purpose


7 Describe the purpose of the organization  
**The purpose of the Organization is to make contributions and expenditures pursuant to the Michigan Campaign Finance Act, and to engage in activities not otherwise prohibited by the Michigan Campaign Finance Act. The Organization files periodic reports of contributions and expenditures with the Michigan Department of State, and these reports are made available to the public in the offices of the Michigan Department of State and on the internet.**


**Part III** List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<b>MI Assoc. of Health Plans</b>	<b>connected</b>	<b>327 Seymour Avenue, Po.O. Box 19333 Lansing, Michigan 48933</b>

## Part IV

Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

  
Signature of authorized official

  
Date

*Suzanne P. Garcia*  
Signature of authorized official

Date \_\_\_\_\_